

CT DEPT. OF PUBLIC SAFETY  
 OFFICE OF EDUCATION & DATA MANAGEMENT, 3-C  
 1111 COUNTRY CLUB ROAD  
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For Office Use Only

## APPLICATION FOR FIRE MARSHAL/INSPECTOR PRE-CERTIFICATION COURSE

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY.  
 RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS.

### PRE-CERTIFICATION MODULE APPLYING FOR

CHECK ONLY THOSE MODULES WHICH YOU ARE SEEKING ADMISSION TO

- |  | <u>Start</u>   | <u>End</u>       |
|--|----------------|------------------|
| <input type="checkbox"/> FIRE INVESTIGATION MODULE .....                                 | April 10, 2006 | May 15, 2006     |
| <input type="checkbox"/> HAZARDOUS MATERIALS &<br>FIRE SAFETY CODE INSPECTOR MODULES ... | Sept. 6, 2006  | To Be Determined |
| <input type="checkbox"/> HAZARDOUS MATERIALS ONLY .....                                  | Sept. 6, 2006  | To Be Determined |

**NOTE:** Both modules are necessary to be appointed as a Fire Marshal, Deputy Fire Marshal or Fire Inspector

### APPLICANT

<b><u>APPLICANT</u></b>			
APPLICANT'S LEGAL LAST NAME	FIRST NAME	MIDDLE INITIAL	APPLICATION DATE
HOME ADDRESS	TOWN	STATE	ZIP CODE
ID#: _____ - _____ Example: <u>ABC - 1234</u> Your ID # is the First 3 Letters of Your Last Name and the Last 4 Digits of Your SS #.		DATE OF BIRTH: _____ <div style="text-align: center;">Month / Day / Year</div>	
DAY PHONE NUMBER / EXTENSION		BUSINESS PHONE NUMBER / EXTENSION	
HOME PHONE NUMBER		CELL PHONE / PAGER NUMBER	
E – MAIL ADDRESS - Please type or print clearly			

<b><u>EDUCATIONAL BACKGROUND</u></b>		
<b>HIGH SCHOOL</b>	<b>NAME OF HIGH SCHOOL ATTENDED:</b>	
	<b>SUCCESSFULLY COMPLETED:</b> <input type="checkbox"/> YES / <input type="checkbox"/> NO	<b>DATE OF COMPLETION, IF APPLICABLE:</b>
	<b>IF "GED" / DATE SUCCESSFULLY COMPLETED:</b>	
	<b>IF "VOCATIONAL /TECHNICAL SCHOOL", NAME THE DISCIPLINE AND DATE SUCCESSFULLY COMPLETED:</b>	
<b>CIRCLE THE NUMBER THAT REFLECTS THE HIGHEST LEVEL OF YOUR FORMAL EDUCATION:</b>		
<b>COLLEGE: 13 14 15 16</b> <b>POST GRADUATE: 17 18 19 20</b>		
<b>The above information is truthful to the best of my knowledge.</b>		
<b>APPLICANT SIGNATURE</b>		<b>DATE</b>

<b><u>APPOINTING AUTHORITY</u></b>	
<b>SPONSORING JURISDICTION:</b>	_____
	<i>TOWN OR DISTRICT</i>
<b>APPOINTING AUTHORITY:</b>	_____
	<i>NAME</i>
	, _____
	<i>TITLE</i>
<b>ADDRESS OF APPOINTING AUTHORITY:</b>	_____
	<i>STREET</i>
	_____
	<i>TOWN</i>
	, _____
	<i>STATE</i>
	, _____
	<i>ZIP CODE</i>
	- _____
	<i>EXT.</i>
<b>TELEPHONE NUMBER OF APPOINTING AUTHORITY: ( _____ )</b>	_____

<b><u>STATEMENT OF INTENT</u></b>	
Upon successful completion of the Office of State Fire Marshal Pre-certification Course	
_____	
<i>( NAME OF APPLICANT )</i>	
will be appointed to the position of _____	
in the Jurisdiction of _____ .	
NOTE: If you have more than one candidate, please circle the priority of this applicant:    1       2       3       4	
_____ APPOINTING AUTHORITY <i>(PLEASE PRINT)</i>	_____ TITLE <i>(PLEASE PRINT)</i>
_____ APPOINTING AUTHORITY SIGNATURE	_____ DATE